

Date Received _____

City of Wyoming Inspections Department

Application for Plan Examination and Commercial - Industrial - Institutional Building Permit

1155 28th St. SW P.O. Box 905
 Wyoming, MI 49509-0905
 Telephone (616) 530-7285
 Fax (616) 249-3484

Applicant Instructions: Complete parts I - VI of this form. Submit form along with three sets of complete plans and specifications (one sealed) and one electronic copy for review. Please email electronic copy to rupertd@wyomingmi.gov. Special Inspections may also be required per the MBC 2015 Building Code Section 1704.0 for review. Contact your architect for instructions. No permit refunds.

I. LOCATION OF BUILDING	AT (LOCATION) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (NO.) (STREET) </div> NAME OF BUSINESS _____		
II. TYPE OF BUILDING	III. PROPOSED USE - Nonresidential (continued below left)		
1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition 3 <input type="checkbox"/> Alteration 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Foundation only	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1 <input type="checkbox"/> Amusement, recreational 2 <input type="checkbox"/> Church, other religious 3 <input type="checkbox"/> School, library, other educational 4 <input type="checkbox"/> Parking garage or lot 5 <input type="checkbox"/> Service station, repair garage 6 <input type="checkbox"/> Hospital, institutional </div> <div style="width: 50%;"> 7 <input type="checkbox"/> Office, bank, professional 8 <input type="checkbox"/> Public utility 9 <input type="checkbox"/> Industrial 10 <input type="checkbox"/> Stores, mercantile 11 <input type="checkbox"/> Tanks, towers 12 <input type="checkbox"/> Other - SPECIFY </div> </div>		
Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, industrial facility, rental office building, office building at industrial plant, etc. If use of existing building is being changed, enter proposed use. <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	IV. COST Cost of improvement..... <i>To be installed, but not included in the above cost</i> a. Electrical..... b. Plumbing..... c. Heating, air conditioning..... d. Other (elevator, site construction, etc.) _____ _____ TOTAL COST OF PROJECT (Land value not included.)		(Omit cents) \$ _____ _____ _____ _____ _____ _____ \$ _____

V. SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME 1 <input type="checkbox"/> Masonry (wall bearing) 2 <input type="checkbox"/> Wood frame 3 <input type="checkbox"/> Structural steel 4 <input type="checkbox"/> Reinforced concrete 5 <input type="checkbox"/> Other - SPECIFY _____		DIMENSIONS Number of stories..... <i>Total square feet of floor area, all floors, based on exterior dimensions.....</i> 1st floor..... 2nd floor..... 3rd floor..... Total area, sq. ft.....			
PRINCIPAL TYPE OF ROOF FRAME 1 <input type="checkbox"/> Steel beams 2 <input type="checkbox"/> Bar joist 3 <input type="checkbox"/> Pre-engineered building Manufacturer name _____ 4 <input type="checkbox"/> Wood truss 5 <input type="checkbox"/> Other - SPECIFY _____ _____ _____ _____			MBC 2015 Use Group (Chap.3) _____ Occupancy Load _____ MBC 2015 Construction Type (Chap.6) (circle one) <div style="display: flex; justify-content: space-around; font-size: small;"> IAIBIIAIIBIIIAIIIBIVVAVB </div>		
			Fire Suppression System _____ Total Land Area (sq. ft.) _____		
VI. IDENTIFICATION					
Name		Mailing address - <i>Number, street, city, and state</i>		Zip code	Telephone No.
1. Owner or Lessee					
E-mail					
2 Contractor					
E-mail					
3. Architect or Engineer					
E-mail					
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. A PDF or electronic signature will be treated as an original for all purposes and by signing, the applicant consents to that treatment of any PDF made of the document.					
Application Date		Signature of applicant		Address	

Inspection Dept. staff use only. Applicant: DO NOT WRITE BELOW THIS LINE

PLAN REVIEW RECORD - For office use				
Plan Review Required	Check	Date Plans Approved	By	Notes
BUILDING				
PLUMBING				
MECHANICAL				
ELECTRICAL				
PLANNING DEPT				
ENGINEERING DEPT				
FIRE DEPT				
INDUSTRIAL TREATMENT				

ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS				
Permit or Approval	Check	Date Obtained	Number	By
BOILER (STATE MI)				
CURB OR SIDEWALK CUT (ENG)				
DEQ (STATE MI)				
ELEVATOR (STATE MI)				
ELECTRICAL				
FIRE SUPPRESSION				
GRADING				
HEALTH DEPT (KENT COUNTY)				
MECHANICAL				
PLUMBING				
SIGN OR BILLBOARD				
BOARD OF ZONING APPEALS				
OTHER				

Permit To: _____

VALIDATION - Building		
Permit Value	_____	Use Group _____
Fee	_____	Type Construction _____
25% Plan Review	_____	Occupancy Load _____
Deposit*	_____	
TOTAL	_____	(TITLE)

*Deposit, if applicable, may be refundable if permit does not expire, and number of required inspections are not exceeded

CITY OF WYOMING INSPECTIONS DEPARTMENT

INSPECTOR INFORMATION

Currently Vacant- Building Inspector
1155 28th St. S.W.
Wyoming, MI 49509-0905
Email: chad.wakley@wyomingmi.gov
Web: www.wyomingmi.gov
Phone: (616) 530-7294
Fax: (616) 249-3484

Jerry Payne, Mechanical Inspector
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Tim Hannan, Plumbing Inspector
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Bill Aman, Fire Marshal
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Phone: (616) 249-3478
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Robert Brackett, Electrical Inspector
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Phone: (616) 530-7291
Fax: (616) 249-3484

FAX ALL SPECIAL INSPECTION REPORTS TO (616) 249-3484

SOILS, CONCRETE AND STEEL REPORTS ARE REQUIRED ON

PROJECTS UNLESS OTHERWISE NOTED